



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
 BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED
 By Carol Day at 2:26 pm, Jan 23, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
 Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
 Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 990032	NAME OF AGENCY O'Fallon PD	DATE OF INSPECTION 01/13/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 100 N Main, O'Fallon		TIME OF INSPECTION 12:46 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 01/13/2014 12:46
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER _____ 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Repro LOT # 12002 EXP. DATE 08/29/2014

SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN SD3500 EXP. DATE 11/21/2014

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 .100	TEST 2 .100	TEST 3 .100
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PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(.0-.04)	0	(.05-.09)	0	(.10-.14)	(.15-.19)	1	OVER .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME Robert Schrum
TYPE II PERMIT NUMBER/EXPIRATION DATE 230297 11/26/2015	TELEPHONE NUMBER (636) 240-3200

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
 2875 James Blvd.
 Poplar Bluff, MO 63901

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 12002

EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain 1209 gms/dl +/- 0.003 gms/dl w/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of 100 +/- 3% gms/21.0L breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (5% Confidence).

The date of manufacture for this lot number is August 30, 2012

the expiration date for this lot number is August 29, 2014 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Coil B. Gomez

Coil B. Gomez, President
RepCo Marketing, Inc.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

**PERMIT
TYPE II**

ROBERT SCHRUM

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX EC/IR II, ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

NUMBER 230297

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

, acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MQ 580-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator SCHRUM, ROBERT
Permit No 230297
Date Issued 11/26/2013 Date Expires 11/26/2015

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
DAVENPORT POLICE DEPARTMENT

OFFICE NUMBER: 99000
8143-14
18146

DAVENPORT, MISSOURI

COMPUTER: UNK

PRINTER: UNK

RESTER: UNK
ORIPLE: UNK

PLOR: UNK

PROP: UNK
H20: UNK

DETECTOR: UNK

FILTERS: UNK

QUART: UNK

LA: UNK

PRINTER: UNK

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

OPERATOR SIGNATURE

[Handwritten Signature]

Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
DAVENPORT POLICE DEPARTMENT

OFFICE NUMBER: 99000
8143-14
18146

COMPUTER: UNK

PRINTER: UNK

RESTER: UNK
ORIPLE: UNK

PLOR: UNK

INTERNAL STANDARDS	.000	12:52
EXTERNAL STANDARDS	.100	12:52
INTERNAL STANDARDS	.000	12:52
EXTERNAL STANDARDS	.100	12:52
INTERNAL STANDARDS	.000	12:52
EXTERNAL STANDARDS	.100	12:52
INTERNAL STANDARDS	.000	12:52
EXTERNAL STANDARDS	.100	12:52

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

OPERATOR SIGNATURE

[Handwritten Signature]

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF OHIO
OHIO POLICE DEPARTMENT

INVESTIGATION SERIAL NUMBER 990067
01-13-19

ARREST TIME: 12:26

SUBJECT NAME:

DOE

DOB: 01-13-19 SEX: M

STRUCTURE: 100

ADMINISTRATIVE OFFICER:

SCHUBB

OFFICER I.D. #: 24

TESTING OFFICER:

SCHUBB

OFFICER I.D. #: 04

PERMIT NUMBER: 256097

EXPIRATION DATE: 01-13-19

MISCELLANEOUS DATA:

LABORATORY ANALYSIS

LABORATORY NUMBER

OPERATOR SIGNATURE

Card Stock No.
60021

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44901